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ABSTRACT

The field of family therapy is a relatively new one, growing and gaining wider acceptance in the areas of social work, psychiatry, psychology, and community mental health. It has influenced the shift from individually oriented theory and techniques to a social systems approach, emphasizing the relationship between family members. While research remains to be done to demonstrate its utility in the Black community, the social systems approach appears to be one method that may be effective in treating Black families. The purpose of this paper is to examine three social systems treatment approaches, and to explore their applicability to the treatment of Black families. (Author)

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FAMILY THERAPY IN THE BLACK COMMUNITY

John Lewis McAdoo, Ph. D.
Associate Professor

University of Maryland
School of Social Work and
Community Planning

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Family Therapy is defined as the treatment of such natural units as parents and children, spouses, or members of the extended family, viewed as a group with the purpose of improving their functioning as a family unit (Wells, 1972). Olsen (1970) defines the family unit as any therapeutic intervention technique which has as its major focus the alteration of the family system.

The field of family therapy is a relatively new one, growing and gaining wider acceptance in the areas of social work, psychiatry, psychology, and community mental health. It has influenced the shift from individually oriented theory and techniques to a social systems approach, emphasizing the relationship between family members. While research remains to be done to demonstrate its utility in the Black community, the social systems approach appears to be one method that may be effective in treating Black families. The purpose of this paper is to examine three social systems treatment approaches, and to explore their applicability to the treatment of Black families.

It is first necessary to illuminate the distinction between the social systems approach to family therapy and the psychoanalytic approach. Minuchin (1974) suggests that in the systems approach the family is influenced to change by the therapist taking an active role in the treatment or therapeutic system. The psychoanalytic approach encourages change in the individual through a symbolic relationship with his therapist in which he is encouraged to relive his past, focusing upon and emphasizing exploration of the past and its interpretation in the present.The systems approach is a therapy of action and its tool is to modify the present and not to explore and interpret the past.

The method for the family therapist in either approach is to change the living situation of the person within the family, yet not remove him from the situation to administer treatment.

As an interesting aside, Olsen (1970) notes that family therapy has made a significant contribution to the understanding and treatment of schizophrenia and other emotional disorders. By utilizing the social systems approach to understanding the family, a challenge has been made to many of the assumptions regarding the causal determinants of individual psychotherapy, and some innovative ways of dealing with their problems have been developed.

Utilizing the social systems as a conceptual approach, the family therapist assumes that he is working with an individual who is considered an open system, that is a person who is responsive to others within the larger family or kinship system. There is a domino-like characteristic of the family system in that a change in one person will cause a change in the other members or parts of the family system. Individuals (clients) do not change their attitudes, beliefs, behaviorsunless their family systems change. The family, in maintaining its system, operates within a set of implicit and explicit rules that regulate much of its behavior. In addition, it requires feedback to maintain balance in the interactions between and among its members and relevant others outside the family system. The therapist assumes that the family has boundaries and methods of orienting new members. The family therapist is interested more in the process of family functioning rather than just the outcomes and will therefore focus on those aspects of the family system that appear dysfunctional.

There are several family therapists who presently use the social systems approach to the analysis and treatment of the family. We will

review the work of three of them, Zuk (1975), Minuchin (1974), and Kerr (1970) to determine if their approaches have relevance to the treatment of family problems in the Black community. Since no other literature was found utilizing the social systems approach to family therapy in Black community, it is hoped that we can stimulate interest among family therapists who are currently working in the Black community to publish their findings and encourage the training of Black family therapists who will utilize and further these practice techniques for use in the Black community.

Zuk defines family therapy as the technique that explores and attempts to shift the balance of pathogenic relating among family members so that new forms of communications become possible. P a t h o g e n i c r e l a t i n g i s t h e way in which the therapist describes the distortions in the patterns of relationship between family members. Some distortions are silencing strategies. For example, Zuk details how family members enter into a coalition against an individual, forcing him to shut up as a means to obtain conformity and compliance or punishing him for nonconformity and noncompliance.

While the victim becomes silent he begins to realize the potential power to control relationships that this position holds. Zuk hypothesized that if this realization comes too early in development before the capacity exists to integrate it into the personality, it may well precipitate a psychiatric illness in which silence is a major causal component as well as a major symptom of the illness.

Following the more analytically oriented therapists, he suggests that a triadic-based conceptualization of pathogenic relating will define and describe the types of coalitions, alliances, or cliques that tend to produce "runaway patterns" that at some level of tension result in psychiatric symptoms in families.

The technique Zuk uses for dealing with the above problems is called the Go-Between Process because it characterizes the therapist actions as the taking, controlling, trading the roles of the mediator and side-taker. When attempting to change pathogenic relationships within the family, the therapist uses conflict as a means of creating leverage for his interventions in the family systems. He, as a go-between, places pressure on the family members to redefine and re-structure their relationships with one another. As a side taker, the therapist uses the weight of authority to shift relationships between family members in a more positive direction.

Zuk (1974) reviewed the literature related to the treatment of various ethnic groups in therapy. He felt that racial, religious and ethnic characteristics of the clients influenced the ease or difficulty with which clients engage in therapy. He presented the Black and Jewish ethnic groups as polar types finding that Jews engaged much more easily in therapy. Blacks were found to be the group that was most difficult to involve and even when engaged, there was less likelihood of a successful outcome in Black families than white.

In his comparison of poor Black and middle class Jewish families in role expectations of therapists, he found that the Blacks tended to be fearful of a long term contact with the therapist, while Jewish families found it appealing. Black families expressed themselves cautiously with him and he felt they tended to distrust those who use the English language well. Jewish families acted just the opposite, while Black families tended to keep the therapist at arms length, appeared to be frightened of his power and suspicious of his motives. Jewish families pressured the therapist to act like one of the family, and if the invitation was refused, they would become sarcastic and even contemptuous. Finally, poor Black families appeared to cast Zuk in the role of ward polititian, while Jewish families assigned him the role of judge.

Zuk later modified his statements to reflect the fact that poor whites have the same types of characteristics as poor Blacks, and middle class Blacks have some of the same characteristics of relating as middle class whites. It would appear that Zuk is probably much more comfortable working with upwardly mobile or middle class clients. He does recognize that ethnic and class characteristics may interfere with the client and the therapist's ability to relate. However, he makes the same mistakes social science researchers make in attempting to compare white middle class and working class Blacks in treatment outcomes. The results are compounded by class differences and may speak more to the motivation and valves of the therapist. Perhaps the triadic based theory is more fitting to the treatment of middle class or highly verbal clients.

The family may itself utilize several tactics to maintain their patterns of relationship. The family may allow one member to become its spokesman and therefore assume the role of go-between in negotiations with the therapist. The family may deny or become evasive about the therapist's definition of the serious conflict within the family. The family may attempt to trap the therapist in the role of a judge or another type of rigid go-between, or accuse him of unfairly taking the side of one family member against the others. Unless the therapist is skillful in handling the obvious pit-falls, he will fail in his treatment efforts with the family.

The second systems approach is Minuchin's Structural Family Therapy (1974). Family structure is defined as an invisible set of functional demands that organize the way in which family members interact, and within which behavior of family members is regulated by transactional patterns. It is a social systems approach where an effectively functioning family is in the process of transformation, maintaining links with extra/familial systems, possessing a capacity for growth and development and having an organizational structure made up of subsystems.

Minuchin (1974) uses the structural family model in therapy to suggest goals for therapeutic intervention. The therapist is actively involved with the family acting and reacting in a therapeutively created system aimed at restructuring dysfunctional transactional patterns. The family therapist joins the family system and uses himself to change the family system. By changing the position of the different members within the system, he changes their subjective experiences.

Transactional patterns utilize two systems of constraint in the regulation of behavior. The first involves a power hierarchy in which parents and children have different levels of authority. He suggests

that the role and function of the husband and wife should complement one another and they should operate on an interdependent team. The second system of constraint is idiosycratic, involving the mutual expectations of particular family members. The origins of these expecta-tions is surrounded by years of explicit and implicit bargaining.

In order for the family therapist to achieve the treatment goals, he has to understand and rely on certain characteristics of the family system. Some of them are: 1) a transformation in the family structure will produce at least one possibility for further change; 2) the family system is organized around the support regulation, maintenance, nurturance, and socialization of its members. The family therapist joins the family to repair or modify its functioning so that it can better perform these tasks; 3) the family system has self-perpetuating properties. Therefore, the process that the family therapist uses within the family system will be maintained in his absence by that regulating mechanism within the family.

In utilizing the above information, the family therapist may try several techniques to help change the family members. He may join in a coalition with one of the family members to provide support; he may provide support for the parental subsystem to help bring them closer together in dealing with the problems; he may help family members re-define the boundaries between the various subgroups, etc. He may see all or part of the family in the pursuance of treatment goals. Minuchin uses his body language to encourage supportive communications or to inhibit destructive dialog when it is detrimental to the family relationship. He may also move family members around within the therapy setting or find ways to put more stress on the family to help them achieve the treatment goals.

Finally, Minuchin has suggested limitations to the use of the structural analysis approach to family therapy. One drawback concerns the therapist who does not take into consideration all of the family's developmental process and its effect on family structure. He suggests that to focus on just one part of the family is undesirable, uneconomical, and sometimes unethical or humanly incorrect.

Minuchin does not relate his techniques to therapy with Black families. His active movement within the family sessions, the moving of one family member nearer to the other (to facilitate communication), and some of the other techniques do seem, however, to be useful and valid in treating the Black family. The more active the therapist is with the family, the more he is able to establish the kind of treatment relationship necessary to help that family.

The third systems approach is that of Kerr (1972), who suggests that we need to understand the total context in which the family is functioning. We, therefore, have to explore the role that the extended family of each spouse singularly or jointly plays in the family dysfunctioning. He plans with the spouse strategies to differentiate himself within his/her extended family system, and this leads to better functioning in the nuclear (his/her own) family.

In interviewing the spouses, he raises questions about their mother, father, brothers, sisters, etc. The therapist attempts to develop hypotheses about the way each spouse functions in relationship to his family, as well as to gain some idea about the dynamics of that family. While developing a picture of the present functioning of the

extended family, the therapist also attempts to gain a picture of the evolution of relationships within the extended family over generations. He looks for the important changes in the extended family's structure and functions. The therapist also attempts to learn about the current extended family relationships of each spouse.

One of his premises is that problems in family functioning often are replications of unresolved conflicts within the mother and/or father's own family. The parent has not been able to differentiate himself from his extended family system. While there may be great distance between the extended and nuclear families--some families deliberately attempt to resolve conflicts by distances--any undue stress on the extended system,or contact with that system,will affect the nuclear family. Distance only tends to insulate the nuclear family members from the daily ups and downs of the extended family system.

The therapist helps the spouse seek a greater differentiation of himself in the extended family system. Differentiation of self is defined as the individual's ability to relate to an intense emotional situation without having his thinking and action dominated by that system. The therapeutic goal is to diminish the effects of the emotional situation and increase the parent's capacity to handle it rationally. The role of the therapist is described as that of a coach.

The coach-therapist helps the parent understand that for the dysfunctional relationship to be changed, all members must play their part. Further, the client has to understand that fifty percent of the problem is his. The coach-therapist helps the parent to plan for

relating on a non-emotional level, to react to the process of the communication rather than to the content in a non-emotional way. The client is helped to understand the role he plays in the extended family system.

Once that parent has learned his part, he is directed to visit the extended family members during a period of crisis and begin interacting with them around the crisis. This begins the process of differentiation. The client is encouraged to develop a new interaction with each member of the family that has some part in the dysfunctioning system. He found that once change in nuclear family members has taken place, some of the problems that brought the family to therapy begin to be resolved.

There are Black families with problems stemming from an inability to control relatives' interference with their lives. They are unable to say "no" to unreasonable demands by their kin and in arguments the kin may often interfere. With this type of family situation, Kerr's approach would be extremely useful in helping the client to differentiate him or herself from the extended family, and to help to develop healthy boundaries between families. It would probably be more useful if the therapist were able to see that family member and his kin in separate sessions.

I have presented three different treatment strategies based upon the systems approach, which analyzes and prescribes treatment for some dysfunctional aspect of the family system. The therapist plays the leadership role in intervening in the processes. The key to success in treating the family would appear to be in the personality and/or motivation of the therapist. Any of the above models may be modified or used in the Black community. I suggest that when the therapist understands the dynamics of social class and

ethnicity and their interrelationship in the role that they play in the Black family system, he is better able to prescribe a more appropriate therapeutic environment.

The systems approach appears to offer great flexibility to the understanding and treatment of dysfunctions that may arise in the Black family systems. A therapist who is trained in the systems approach also needs to understand the special developmental bind in which the Black families find themselves. Not only do they have to be socialized into their ethnic group, but they also have to be socialized into the dominant society, most of whose institutions appear to be negative towards the Black ethnic group. In addition, the therapist has to comprehend the role that social class plays in the family environment.

He will need to understand and handle the distrust that the Black family may have towards his institution and may have to hire sensitive people who can convince the Black community that they are truly willing to help families with problems, and are not some esoteric research group who has come to "rip them off." The systems therapist needs to be willing to try new strategies for treatment in dealing with Black families, i.e., having therapy sessions in the family's home, or at his relatives, and/or having evening sessions. Finally, more often than not, he should be of the same ethnic background as the clients that he is treating.

Based upon experience, search of the literature, and my own knowledge of the Black community, there are certain attitudes that influence the effects of family therapy:

1) When the Black family has a problem, the members usually seek other sources: other family members, the church, and friends. The therapist is a last resort;

2) Because of the institutional racism experienced by other members in their community, Blacks are fearful and suspicious of social agencies;

3) Members of the Black community go to a therapist only in a crisis situation, and may not return once the crisis is over;

4) Because of their financial situation, Blacks are unable to stay for long-term treatment;

5) Some Black families fear that the family therapist might not keep their problem confidential;

6) Unlike the middle-class white family, the Black community does not have great faith in the efficacy of family therapy in solving their problems;

7) Some immediate results in relieving the stress the family feels needs to be received;

8) Black families who voluntarily seek therapy are usually upwardly mobile and middle class in their value orientations.

Regardless of the type of theoretical model used by the therapist, he must be aware of the basis for the resistance that he will face in dealing with Black families. He should attempt to overcome this resistance if he is to be helpful in resolving the family's problems.

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